Complete and send this form, together

Authorized Signature

Typed or printed name Joseph Scafetta, Jr.

PART B - FEE(S) TRANSMITTAL

applicable fee(s), to: Mail Mail Stop ISS Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

AUG O O DUA INSTRUCTIONS: This form should be used for transmitting the ISSUF FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the extent, advanced error and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise appropriate. (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

maintenance fee notification	ns.		,, 8				· · · · · · · · · · · · · · · · · · ·	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, mus have its own certificate of mailing or transmission.				
CUSTOMER NUMBER				Certificate of Mailing or Transmission CI hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
	22850	n		[(Depositor's name)	
	22001	•					(Signature)	
ter =) [(Date)	
APPLICATION NO.	FILING DATE	<u> </u>	FIRST NAME	AMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/796,090	03/10/2004	L	Keijiro	o Take		249305US-6 DIV 2323		
TITLE OF INVENTION:	METHOD AND APPARATU	JS FOR ASSIGNIT	NG CODES					
APPLN. TYPE	SMALL ENTITY	ISSUE F	ISSUE FEE		LICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400			\$300	\$1700	08/10/2006	
EXAMINER		ART UNIT		CLA	SS-SUBCLASS			
NGUYEN, BRIAN D			6 370-335000					
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
PLEASE NOTE: Unles recordation as set forth (A) NAME OF ASSIGN	in 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will app T a substitute (B) RESIDE	ear on the for filing	e patent. If an assignment. TY and STATE OF	gnee is identified below, the	document has been filed for	
Please check the appropria	te assignee category or catego	ories (will not be pr	inted on the p	atent):	☐ Individual 🛣	Corporation or other private g	roup entity Government	
4a. The following fee(s) are enclosed: ☑ Issue Fee ☑ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies			b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 15-0030 (enclose an extra copy of this form).					
_ ` ` .	s (from status indicated above SMALL ENTITY status. See	*	☐ b. Applic	cant is no l	onger claiming SM	ALL ENTITY status. See 37 (CFR 1.27(g)(2).	
NOTE: The Issue Fee and) is requested to apply the Iss Publication Fee (if required) cords of the United States Pat	will not be accepted	d from anyon	ny) or to re e other tha	e-apply any previou n the applicant; a re	usly paid issue fee to the applic egistered attorney or agent; or	ation identified above. the assignee or other party in	

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Date ______ RBEYELE 6866 5267699

01 FC:1501 Registratori 984

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.